

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522478

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4				1		
5						
6				1		
7				3		
8				3		
9				3		
10				3		
11				3		
12				3		
13				3		
14				3		
15				3		
16				3		
17				3		
18				3		
19				3		
20				3		
21				3		
22				3		
23			1			
24			1			
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49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		89	←		←
TOTAL CLAIMS			90			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						